2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 20, 2002 8:00 am secretary of State DOCUMENT # P97000064159 1. Entity Name 05-20-2002 90364 022 ***150.00 LAURIE ATTAR, INC. Principal Place of Business Mailing Address -820 NE 199 ST 829 NE 199 ST -201- - 201 - - MIAMI FL 33179 MIAMI-FL 33179 US HS 2. Principal Place of Business 3. Mailing Address 5/51.5acazen 5151 Sarazen Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Gity & State City & State 4. FEI Number Applied For 65-0769973 10/14000 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 3.3*0a* SA USA Fee Bequired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ATTAR, LAURIE Street Address (P.O. Box Number is Not Acceptable) -829 NE 199 ST-5/51 Sarazen Drive STE-201-**MIAMI FL 33179** Zip Code 3*302* 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) ☐ Delete TITLE ☐ Change ☐ Addition NAME ATTAR. LAURIE NAME STREET ADDRESS .829 NE 199 ST. #201 5151 Sarazen Drive STREET ADDRESS CITY-ST-7IP MIAMI FL 33179-CITY-ST-ZIP Hollywood, FL 3.302 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME attar, khalil NAME STREET ADDRESS 929 NE 199 ST. #201. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33179 CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP & Jake CITY-ST-ZIP

13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF